

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full *John W Agnew* Town *Snow Hill* County *Worcester* MARYLAND

Died at *Snow Hill*

Date of death *1906* Month *July* Day *27* Age *48* Years *9* Months *—* Days *—*

Sex *male* Color or Race *white* Birth-place *Ind.*

Occupation *Painter & paper hanger* Where Residing if not at place of death *Snow Hill*

Married, Single or Widowed *Married* Name of Wife or *Carrie B. Agnew*

Father's Name *Wm Agnew* Father's Birthplace *—*

Mother's Maiden Name *Rarah Agnew* Mother's Birthplace *—*

Name of person giving information *Edward Agnew* How related to deceased *Brother*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Wastoiditis* How long *3 mos.*

Immediate *meningitis* How long *1 wk.*

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

W. D. Stranghorne
Snow Hill. Md.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bashopville</i>		Town <i>Bashopville</i>		County <i>Worcester</i>	
Date of death <i>1906</i>	Month <i>July</i>	Day <i>29th</i>	Years <i>35</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>R & D</i>	Where Residing if not at place of death <i>At home</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Estatie Bishop</i>				
Father's Name <i>L W H Bandling</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Ginorie Long</i>	Mother's Birthplace <i>Del</i>				
Name of person giving information <i>Lynette Watson</i>	How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bronchitis</i>	How long <i>6 months</i>
Immediate <i>"</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>G P Collins</i>
	Address <i>Bishopville Md</i>
Accident or Suicide?	



Name
in
Full

Ethel B Campbell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

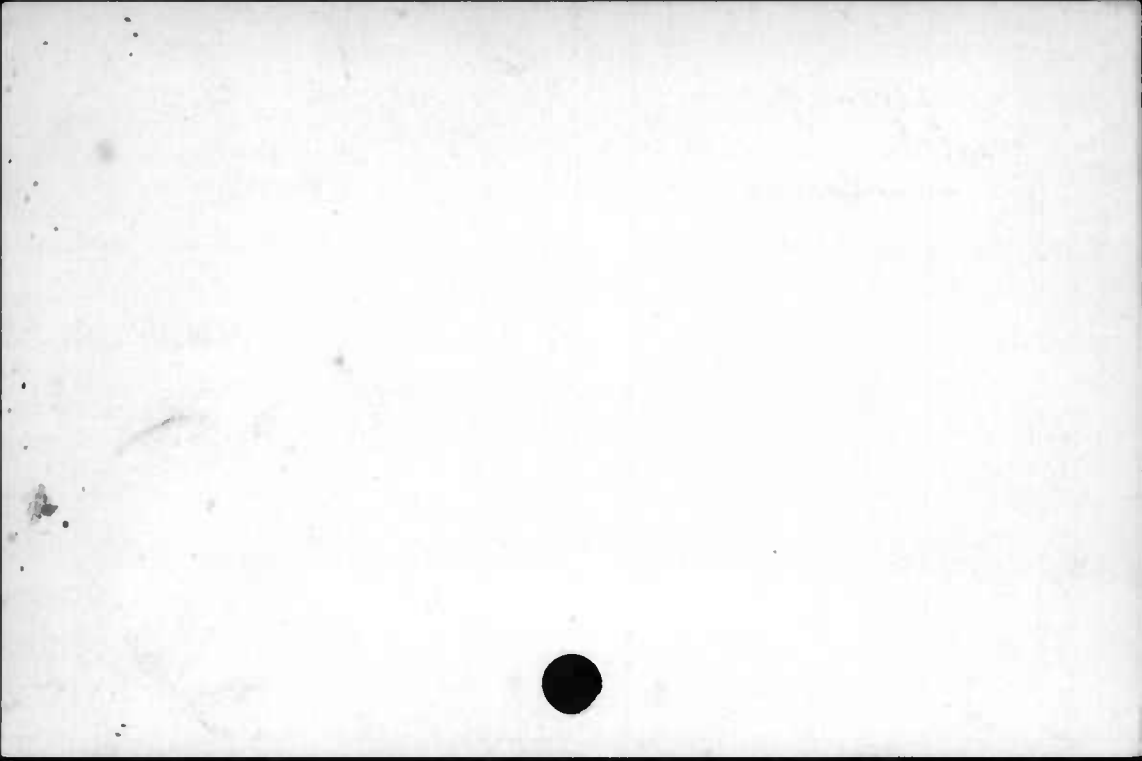
Died at <i>Ocean city</i>		Town <i>Worcester</i>		County		MARYLAND	
Date of death <i>1906</i>	Month <i>7</i>	Day <i>28</i>	Age <i>18</i>	Years <i>6</i>	Months <i>25</i>	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Pittsville Md</i>				
Occupation <i>School teacher</i>	Where Residing if not at place of death <i>Pittsville</i>		<i>"</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband						
Father's Name <i>Conington Campbell</i>	Father's Birthplace <i>Pittsville</i>						
Mother's Maiden Name <i>E W Campbell</i>	Mother's Birthplace <i>" "</i>						
Name of person giving information		How related to deceased					

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Heart failure</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. B. Baggett Md</i>
	Address <i>Ocean city</i>
	<i>Maryland</i>
Accident or Suicide?	



Name
in
Full

Luddy, C. Cope

CERTIFICATE OF DEATH

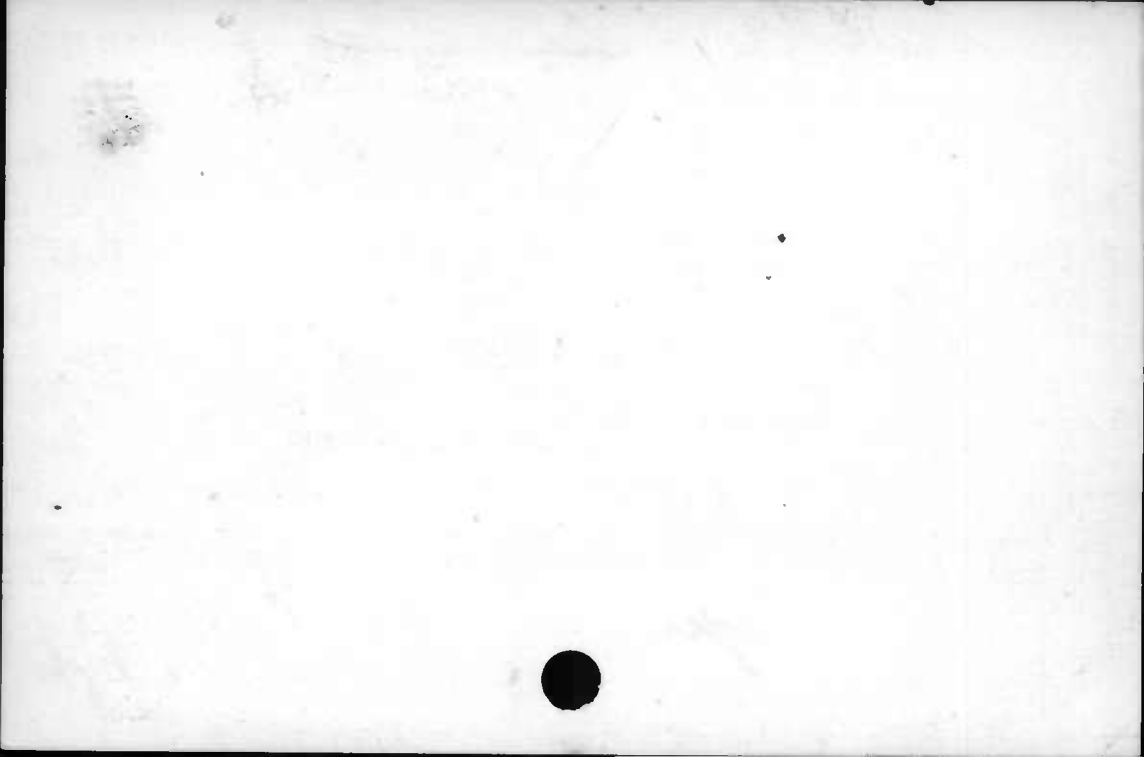
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Newtown</i>		County <i>Worcester</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>7</i>	Day <i>24</i>	Age <i>26</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Pa</i>		
Occupation <i>Salesman</i>	Where Residing if not at place of death <i>Phila Pa</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Maggie Davis</i>				
Father's Name <i>Harry Cope</i>	Father's Birthplace <i>Pa</i>				
Mother's Maiden Name <i>Matilda</i>	Mother's Birthplace				
Name of person giving information <i>Miss E. H. Davis</i>	How related to deceased <i>Sister-in-law</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Nephritis</i>	How long <i>2 yrs</i>
Immediate <i>Uremia</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. W. Dickinson</i>
	Address <i>Berlin Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Peruville</i> ^{Town}		<i>Worcester</i> ^{County}		MARYLAND	
Date of death	<i>1906</i>	Month	<i>July</i>	Day	<i>15</i>
				Age	<i>27</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birthplace	<i>Delaware</i>
Occupation	<i>House work</i>		Where Residing if not at place of death <i>At home</i>		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Granville Cooper</i>		
Father's Name	<i>J. B. Phillips</i>		Father's Birthplace	<i>Delaware</i>	
Mother's Maiden Name	<i>Mary J. Phillips</i>		Mother's Birthplace	<i>Del</i>	
Name of person giving information	<i>Dayton Watson</i>		How related to deceased	<i>None</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Consumption</i>	How long	<i>4 years</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>R. P. Collins</i>
		Address	<i>Bethesda, Md</i>
Accident or Suicide?			



9.

Name
in
Full

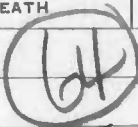
CERTIFICATE OF DEATH

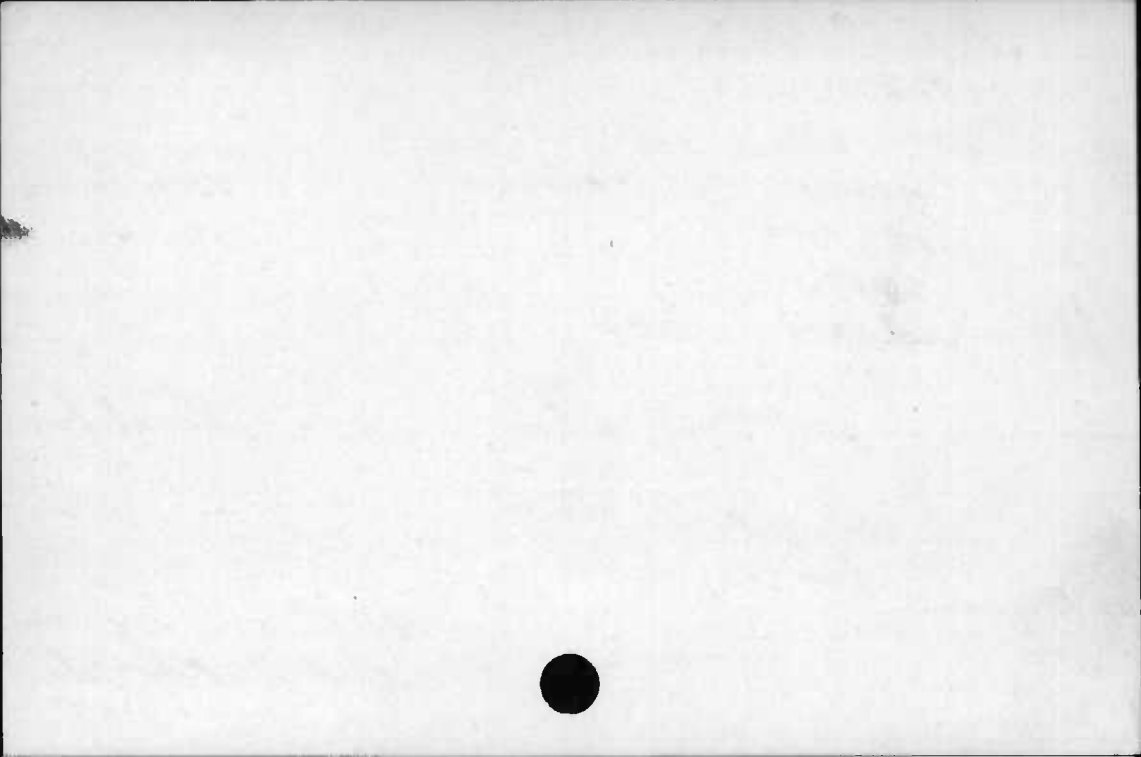
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Isaac Fisher</i>		County <i>Monester</i>		MARYLAND	
Died at <i>Petes Creek</i>		Town <i>Monester</i>		Months	
Date of death <i>1906 July 12</i>		Age <i>96</i>		Days	
Sex <i>Male</i>		Color or Race <i>colored</i>		Birth-place <i>Monester Co</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Petes Creek</i>			
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband —			
Father's Name <i>not known</i>		Father's Birthplace —			
Mother's Maiden Name "		Mother's Birthplace —			
Name of person giving information <i>Wm. Fisher</i>		How related to deceased <i>Neighbor</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Apoplexy</i>		How long <i>one day</i>
Immediate <i>Paralysis</i>		How long "
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Sam L. Quinn</i>
		Address <i>Peters Creek Md</i>
Accident or Suicide?		



Name

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Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Many Fields* *Pocomoke City* *Worcester*Date of death *1906* *July* *2* *Age* *Years* *Months* *Days*Sex *female* Color or Race *colored* Birthplace *Pocomoke City*Occupation *infant* Where Residing if not at place of death *"*Married, Single or Widowed *"* Name of Wife or Husband *"*Father's Name *Isaac Fields* Father's Birthplace *"*Mother's Maiden Name *Amanda James* Mother's Birthplace *"*Name of person giving Information *George James* How related to deceased *uncle*

CAUSES OF DEATH

Primary *indigestion*
Immediate *enteritis**105*How long *see us life*
How long *3 days*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *Samuel J. James*Address *Pocomoke City Md*

Accident or Suicide?



Name in Full		CERTIFICATE OF DEATH			
Mary Grace Handcock		Town Gothville		County Morris	
Died at		MARYLAND			
Date of death		1906	Month July	Day 30	Age 36
Sex Female		Color or Race White		Birth place Wicomico Co	
Occupation Domestic		Where Residing if not at place of death			
Married, Single or Widowed Married		Name of Wife or Husband Edward F. Handcock			
Father's Name Peter Pruitt		Father's Birthplace —			
Mother's Maiden Name Mary Grace Payne		Mother's Birthplace —			
Name of person giving In formation E. F. Handcock		How related to deceased Husband			
CAUSES OF DEATH					
Primary Prolonged Child birth		How long 4 Days			
Immediate Puerperal Sepsis		How long 4 Days			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician D. Lee Hall			
No physician during labor		Address Pocomoke City, Md			
Accident or Suicide?					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at

Adeline Hastings
Town Ocean City - County Worcester

Date

of death 1906

Month July

Day 16

Age

Years 84

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Dad

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Widowed

Name of Wife or
Husband

Richard Hastings

Father's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
information

Thos Cropper

How related
to deceased

Son in law

CAUSES OF DEATH

Primary

Senile decay

154

How long

about one month

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

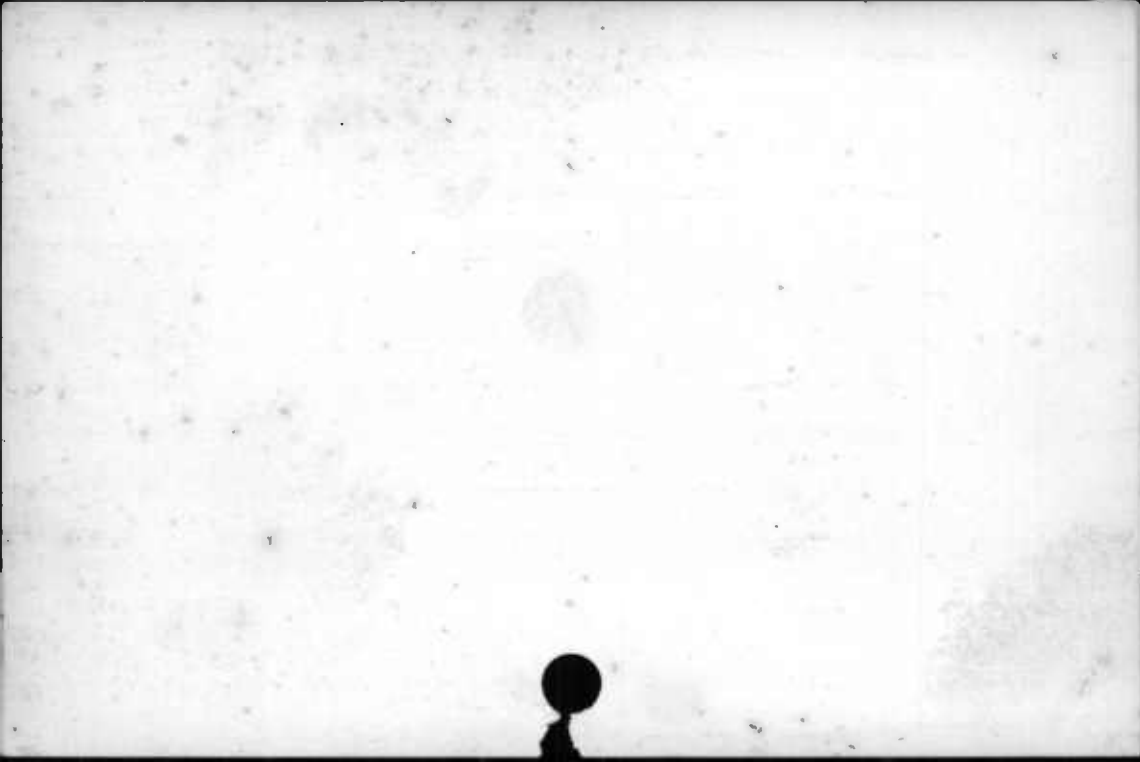
J. B. Baggett M.D.

Ocean City,

Maryland

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
In
Full

CERTIFICATE OF DEATH

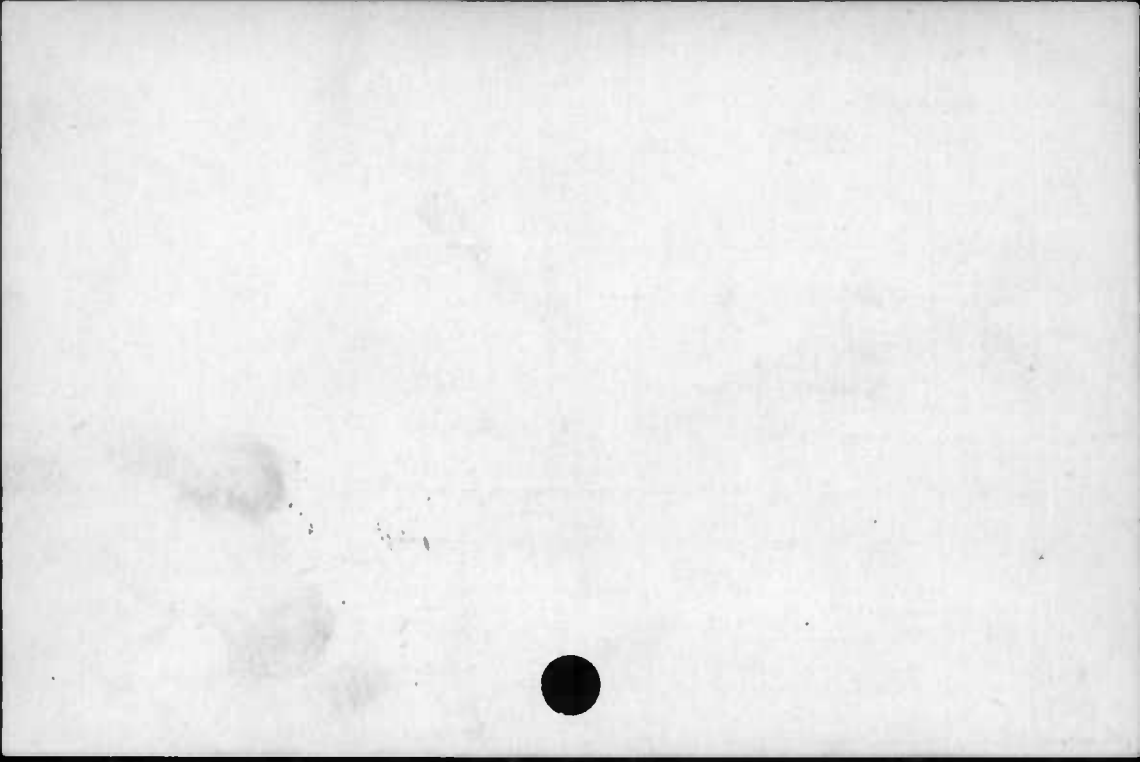
TO BE ANSWERED BY
NEAREST FRIEND

No. <i>10</i>		Name <i>Heales</i>		County <i>Worcester</i>		TOWNSHIP <i>Snow Hill</i>		MARYLAND	
Died at <i>Snow Hill</i>		Month <i>July</i>		Day <i>2</i>		Years <i>2</i>		Months <i>2</i>	
Date of death <i>1906</i>		Age <i>2</i>		Color or Race <i>white</i>		Birth-place <i>Snow Hill</i>		Days	
Sex <i>Male</i>		Occupation <i></i>		Where Residing If not at place of death <i></i>					
Married, Single or Widowed <i></i>		Name of Wife or Husband <i></i>							
Father's Name <i>Capt Fred Heales</i>		Mother's Maiden Name <i>Emma Richardson</i>		Name of person giving information <i>Mrs Fred Heales</i>		Father's Birthplace <i>Snow Hill</i>		Mother's Birthplace <i>Snow Hill</i>	
						How related to deceased <i>mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>29</i>	How long	
Immediate	<i>Tubercular Meningitis</i>	How long	<i>1 mo.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W.D. Strangman</i>	
		Address <i>Snow Hill, Md.</i>	
Accident or Suicide? <i></i>			



Name
in
Full

Charlotte Henry

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		State	
Near		Berlin		Worcester		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1906		7	16	76			
Sex	Female		Color or Race	Blk		Birth-place	Died
Occupation	None known		Where Residing if not at place of death				
Married, Single or Widowed	Widowed		Name of Wife or Husband	Geo Henry			
Father's Name						Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving information	John Duckson					How related to deceased	None

CAUSES OF DEATH

Primary	Old age	How long	154
Immediate		How long	

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Had none

Accident or Suicide?



Name
in
Full

Certificate of Death

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Stockton</u> ^{Town}		<u>Worcester</u> ^{County}		MARYLAND	
Date of death 190 <u>6</u> ^{Month} <u>7</u> ^{Day} <u>14</u>		Age <u>—</u> ^{Years}		Months <u>4</u> ^{Days}	
Sex <u>Male</u>	Color or Race <u>white</u>	Birth-place <u>md</u>			
Occupation <u>Trunk</u>	Where Residing if not at place of death <u>md</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband				
Father's Name <u>John S Hill</u>	Father's Birthplace <u>md</u>				
Mother's Maiden Name <u>Nannie P. Fisher</u>	Mother's Birthplace <u>md</u>				
Name of person giving information <u>Jno S Hill</u>	How related to deceased <u>father</u>				

CAUSES OF DEATH

Primary <u>Esalro Ectenide</u>	How long <u>105</u> <u>4 weeks</u>
Immediate <u>Cholesta-dysentery</u>	How long <u>1 day</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. D. Dickman</u>
	Address <u>Stockton md</u> <u>Worcester co</u>
Accident or Suicide?	

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Liverna Holland</i>		Town <i>Paromoke city</i>		County <i>Thomson</i>		MARYLAND	
Died at <i>Paromoke city</i>		Month <i>July</i>		Day <i>26</i>		Age <i>11</i>	
Date of death <i>1904</i>		Sex <i>Female</i>		Color or Race <i>colored</i>		Birth-place <i>Paromoke city</i>	
Occupation <i>Infant</i>		Where Residing if not at place of death <i>11</i>		Days <i>11</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Isaac Foster</i>		Father's Birthplace <i>new macedonia</i>					
Mother's Maiden Name <i>Liverna Holland</i>		Mother's Birthplace <i>Paromoke city</i>					
Name of person giving information <i>Isaac Holland</i>		How related to deceased <i>Grand Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cholera infantum</i>	How long <i>105</i>	How long <i>10 months</i>
Immediate <i>collapse</i>		
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Samuel S. Green</i>	Address <i>Paromoke city, Md</i>
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Snow Hill</i>		Town <i>Snow Hill</i>		County <i>Morris</i>		MARYLAND	
Date of death 1906		Month <i>July</i>		Day <i>28</i>		Age <i>15</i>	
Sex <i>Female</i>		Color or Race <i>colored</i>		Birth-place <i>Snow Hill Md</i>			
Occupation				Where Residing if not at place of death <i>Snow Hill Md</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Thos Johnson</i>		Father's Birthplace <i>Snow Hill</i>					
Mother's Maiden Name <i>Bertha Huttler</i>		Mother's Birthplace <i>Snow Hill</i>					
Name of person giving information <i>Bertha Huttler</i>		How related to deceased <i>mother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Faulty nutrition</i>	How long <i>fifteen</i>
Immediate <i>Marasmus</i>	How long <i>fifteen</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>John L. Riley</i>
	Address <i>Snow Hill Md.</i>
Accident or Suicide?	



Name
in
Full

Ernie V. Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

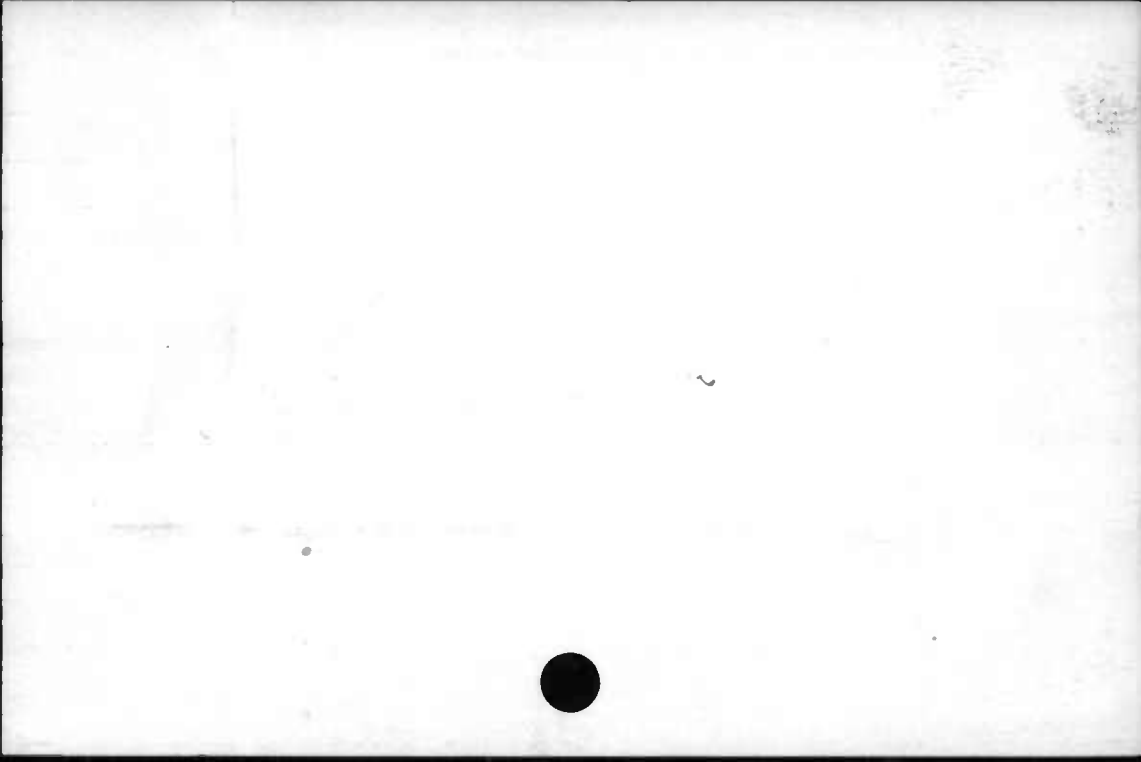
Died at <i>Taylorville</i> ^{Town}		<i>Worcester</i> ^{County}		MARYLAND	
Date of death 190 <i>6</i> ^{Month}	<i>July</i> ^{Day}	<i>17</i> ^{Years}	Age	<i>4</i> ^{Months}	<i></i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Taylorville</i>			
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>Mrs Jones of Tadok's</i>			Father's Birthplace <i>Taylorville</i>		
Mother's Maiden Name <i>Carrie Miller</i>			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Enteric Colitis</i>	How long <i>3 months</i>
Immediate <i>" "</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R. P. Collins</i>
	Address <i>Brickfield Dr.</i>
Accident or Suicide?	

105



Name
in
Full

CERTIFICATE OF DEATH

Mary T. Lindsay

Town

County

MARYLAND

Died at

Stockton

Worcester Co.

Date

Month

Day

Years

Months

Days

of death

1906 July

27

Age

65

45

8

Sex

woman

Color or
Race

white

Birth-
place

Worcester Co.

Occupation

Where Residing if not
at place of death

Stockton

Worcester Co.

Married, Single
or Widowed

married

Name of Wife or
Husband

Thos. S. Lindsay

Father's
Name

Josiah Collins

Father's
Birthplace

Worcester Co.

Mother's
Maiden Name

Mary A. S. Collins

Mother's
Birthplace

Worcester Co.

Name of person giving
information

L. Grace Hammond

How related
to deceased

grand son

CAUSES OF DEATH

Primary

Cancer of Liver

How long

6 Months

Immediate

Exhaustion

How long

4 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

J. D. Dickerson

Stockton

Worcester Co.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
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Full

CERTIFICATE OF DEATH

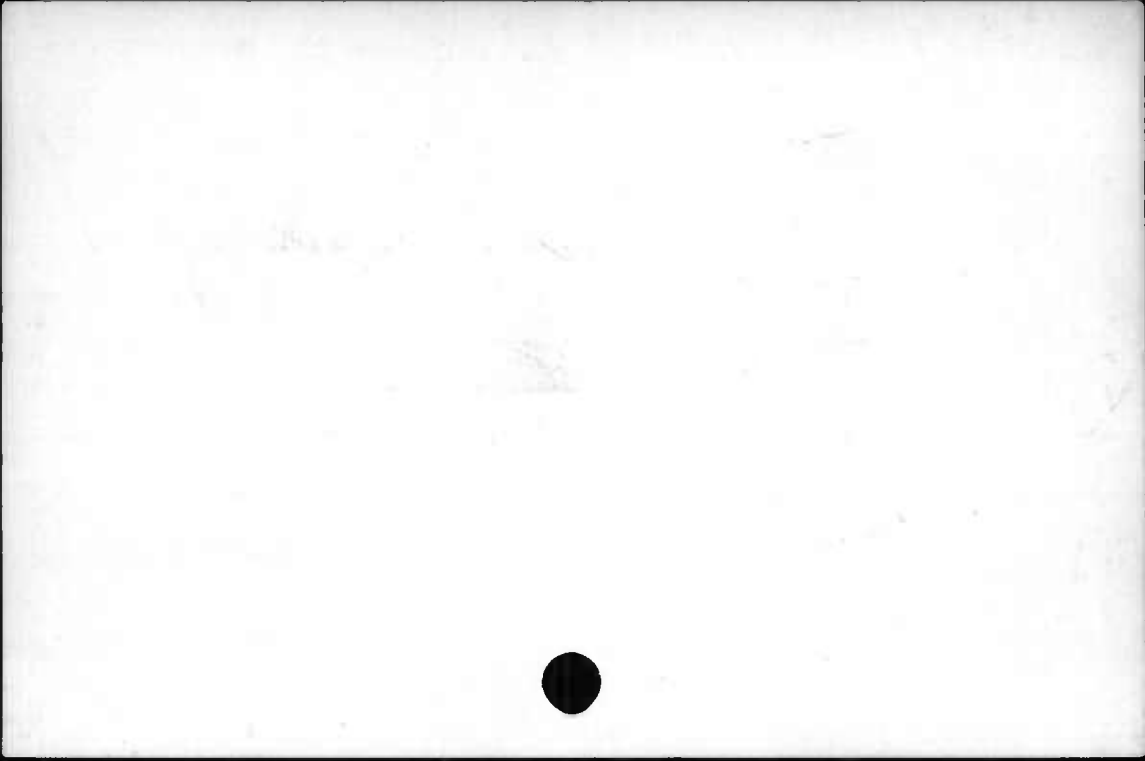
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Unnaeud Miles</i>		Town <i>Pocomoke City - Worcester</i>		County <i>Worcester</i>		MARYLAND	
Died at <i>Pocomoke City - Worcester</i>		Date of death <i>1906 July 1</i>		Age <i>—</i>		Months <i>—</i> Days <i>—</i>	
Sex <i>Boy</i>		Color or Race <i>Black</i>		Birth-place <i>Worcester</i>			
Occupation <i>None</i>		Where Residing if not at place of death <i>Pocomoke City -</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Joseph Miles</i>		Father's Birthplace <i>Worcester</i>					
Mother's Maiden Name <i>Marie Marshall</i>		Mother's Birthplace <i>Worcester</i>					
Name of person giving Information <i>Sabra Bailey</i>		How related to deceased <i>—</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Stice Brown</i>	How long <i>—</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>—</i>
	Address <i>—</i>
Accident or Suicide? <i>—</i>	



Name

In Full

Robt. H. Pallitt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Snow Hill ^{Town} Worcester ^{County} MARYLAND

Date of death 1906 ^{Month} July ^{Day} 28 ^{Age} — ^{Years} — ^{Months} 4 ^{Days} —

Sex Male ^{Color or Race} White ^{Birth-place} Md.

Occupation — ^{Where Residing if not at place of death} —

Married, Single or Widowed ✓Name of Wife or Husband ✓

Father's Name

Carroll Pallitt

Father's Birthplace

Md.

Mother's Maiden Name

Richmonow

Mother's Birthplace

Md.

Name of person giving information

Carroll Pallitt

How related to deceased

Daughter

CAUSES OF DEATH

Primary

Marasmus

How long

—

Immediate

How long

4 wks.

Are the name, age, sex, color, date and place correctly given above?

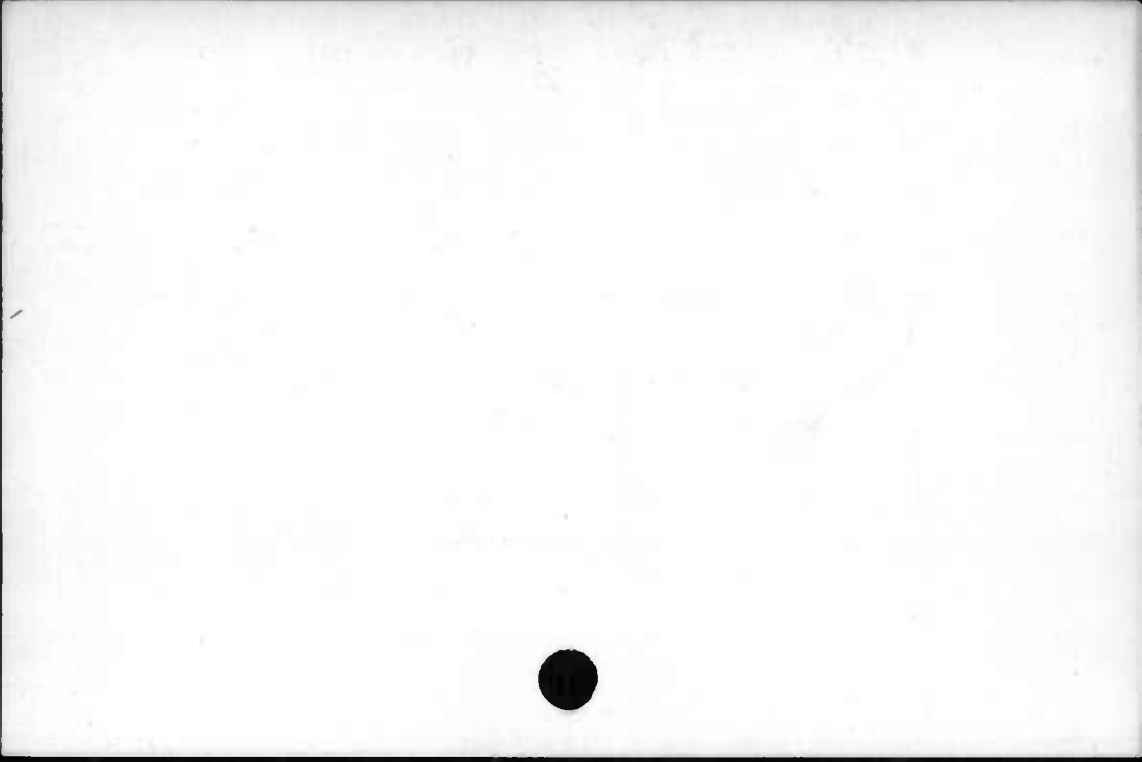
yes

Signature of Physician

W. D. Hartman

Address

Snow Hill MdPHYSICIAN
OR CORONER~~Accident or Suicide?~~



Name
in
Full

CERTIFICATE OF DEATH

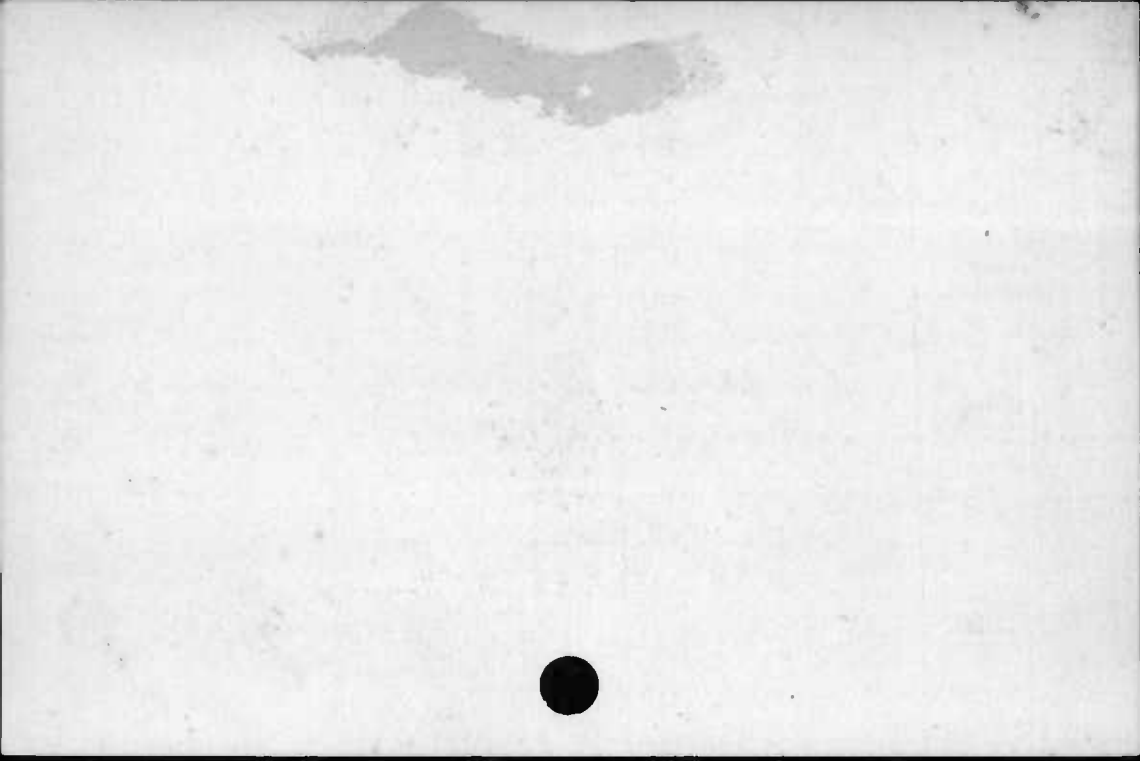
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1906		July	22	Age	108		
Sex	Female	Color or Race	colored	Birth-place	Snow Hill Md		
Occupation				Where Residing if not at place of death	Snow Hill Md		
Married, Single or Widowed	Married	Name of Wife or Husband	Joseph R. Purcell				
Father's Name	Don't know			Father's Birthplace			
Mother's Maiden Name	Betsy Dennis			Mother's Birthplace	Snow Hill Md		
Name of person giving information	James H. Purcell			How related to deceased	Son		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Old age	How long	Twenty four months
Immediate	Heart failure	How long	Long weeks
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		John S. Schlotter	
Address		Snow Hill Md	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

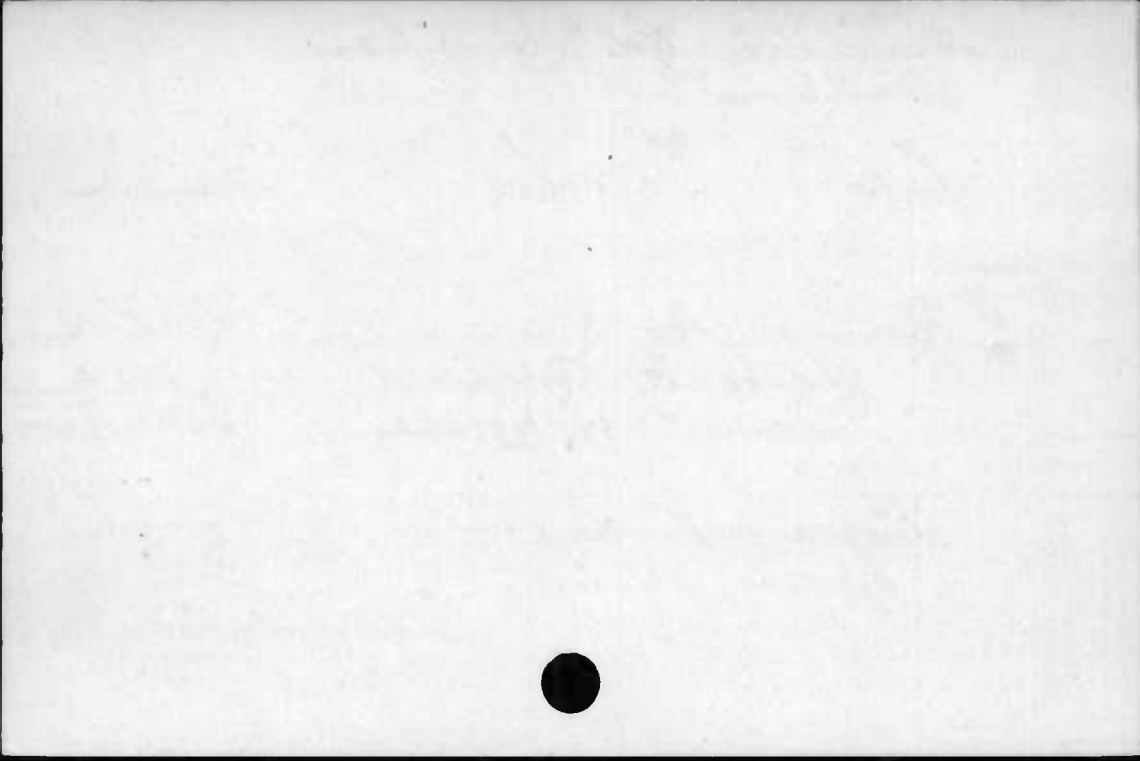
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Stocketon</u> ^{Town}		<u>Worcester</u> ^{County}									
Date of death	1906	Month	7	Day	5	Years	18	Months	6	Days	29
Sex	<u>Male</u>		Color or Race	<u>Black</u>		Birth-place	<u>Ma</u>				
Occupation						Where Residing if not at place of death					
<u>Single</u>					Name of Wife or Husband						
Father's Name	<u>Joseph H Rowley</u>					Father's Birthplace	<u>Ma</u>				
Mother's Maiden Name	<u>Laura R. Warrick</u>					Mother's Birthplace	<u>Ma</u>				
Name of person giving information	<u>Joseph H. Rowley</u>					How related to deceased	<u>Father</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Typhoid-fever</u>	How long	<u>3 weeks</u>
Immediate	<u>Exhaustion</u>	How long	<u>4 days</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>Yes</u>		<u>J. D. Dickerson</u>	
		Address	
		<u>Stocketon Ma</u> <u>Worcester Co.</u>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Date

of death

Town

County

Month

Day

Age

Years

Months

Days

MARYLAND

Sex

Color or
RaceBirth-
place

Occupation

Where Residing If not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formationHow related
to deceased

CAUSES OF DEATH

Primary

Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

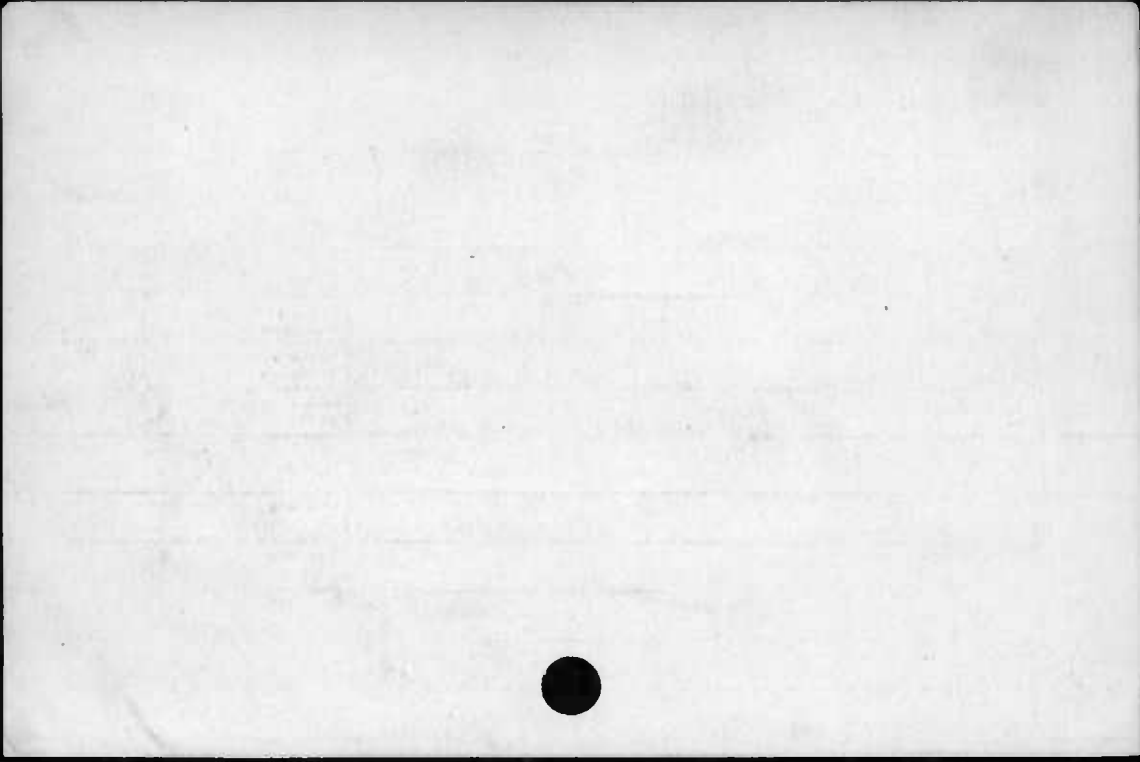
Address

How long

How long

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

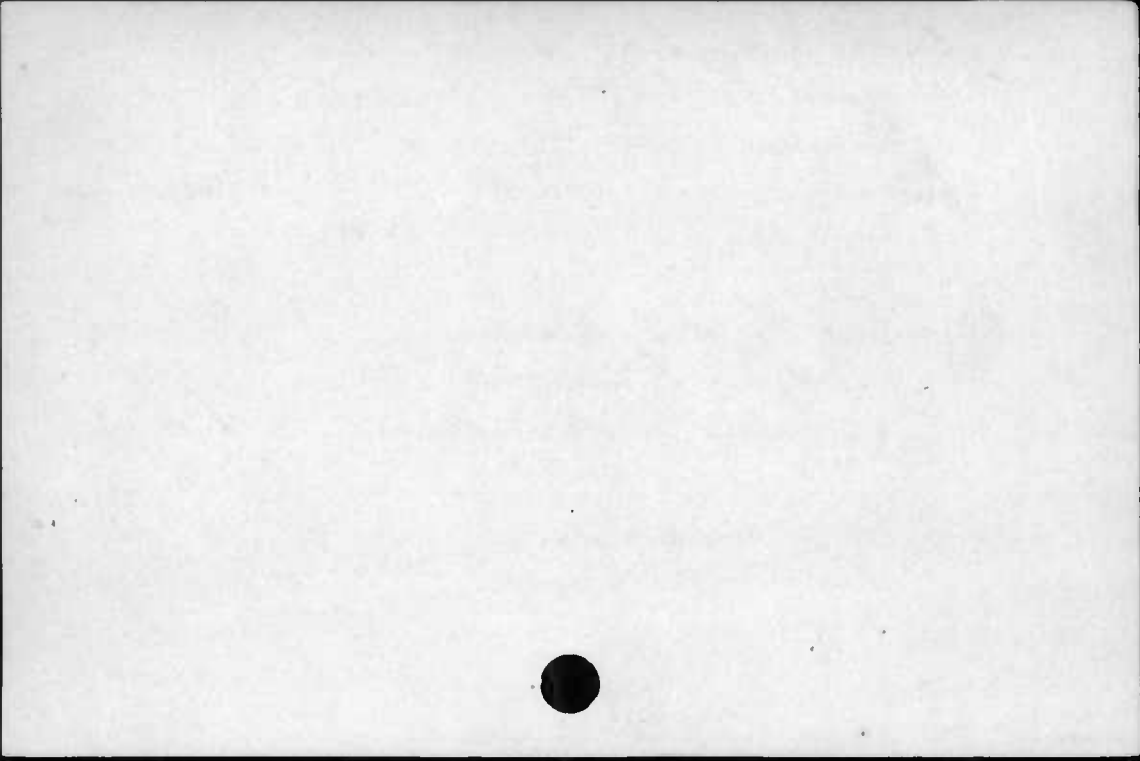
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		July	16			8	
Sex	female	Color or Race	white		Birth-place	Maryland	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Henry W. Sambusau				Father's Birthplace	Md.
Mother's Maiden Name		Cordelia Hancock				Mother's Birthplace	Md.
Name of person giving information		Henry W. Sambusau				How related to deceased	Father.

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cholera infantum	How long	1 1/2 mks
Immediate	Sudden Collapse	How long	5 hours.
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		J. M. Wilson, M. D.	
Address		Pocomoke City.	
Accident or Suicide?			



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Snow Hill ^{Town} Shepherd ^{County} Worcester

Date of death 1906 ^{Month} July ^{Day} 3 ^{Years} Age Months Days

Sex male Color or Race white Birth-place Ind

Occupation Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name Jos. P. Shepherd Father's Birthplace Ind

Mother's Maiden Name Mary. Moore Mother's Birthplace Ind.

Name of person giving information Jos. Shepherd How related to deceased father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

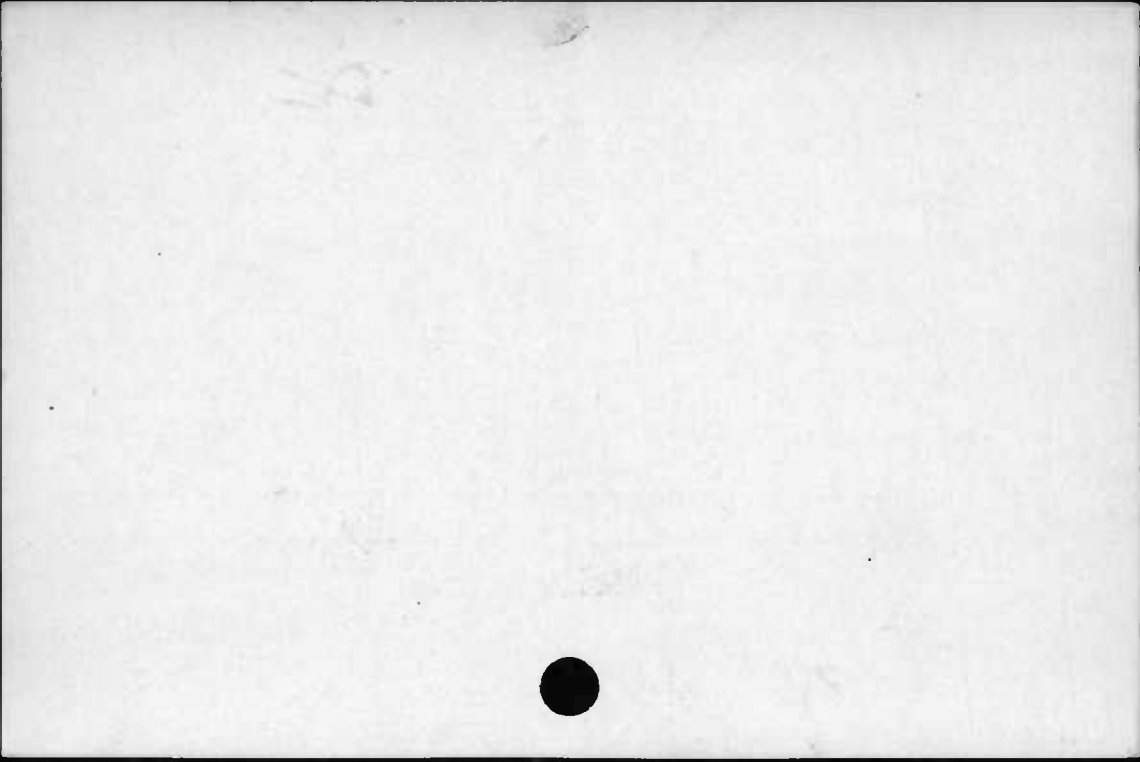
Primary Still Born How long ✓

Immediate Hydrocephalous How long ✓

Are the name, age, sex, color, date and place correctly given above? ✓ Signature of Physician W. D. Strangher

Address Snow Hill. Ind.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chingex Howell</i>		Town <i>col</i>		County <i>ty</i>		MARYLAND	
Date of death <i>1906</i>		Month <i>July</i>		Day <i>16</i>		Age <i>80</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>		Months	
Occupation <i>Wormer</i>		Where Residing if not at place of death <i>at home</i>		Years		Days	
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>Dead</i>		Father's Name <i>Don't know</i>		Father's Birthplace <i>Maryland</i>	
Mother's Maiden Name <i>Don't know</i>		Name of person giving information <i>Peyarter Watson</i>		Mother's Birthplace <i>Maryland</i>		How related to deceased <i>None</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Stimplesque</i>	How long	<i>64</i>	How long	<i>3 months</i>
Immediate	<i>"</i>	How long	<i>"</i>	How long	<i>"</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. P. Collins</i>		Address <i>Bishopville Md</i>	
Accident or Suicide?					



Name
in
Full

Mary H Zapman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Promoke city* ^{Town} *Worchester* ^{County} **MARYLAND**

Date of death **1906** ^{Month} *July* ^{Day} *15* ^{Years} *72* ^{Months} ^{Days}

Sex *Female* Color or Race *White* Birth-place *Somerset Co*

Occupation *domestic* Where Residing if not at place of death *Promoke city*

Married, Single or Widowed *Married* Name of Wife or Husband *Littleton Zapman*

Father's Name *David Bonnerree* Father's Birthplace *Somerset Co*

Mother's Maiden Name *Don't know* Mother's Birthplace *—*

Name of person giving information *Thos Lewis* How related to deceased *Typhoid*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

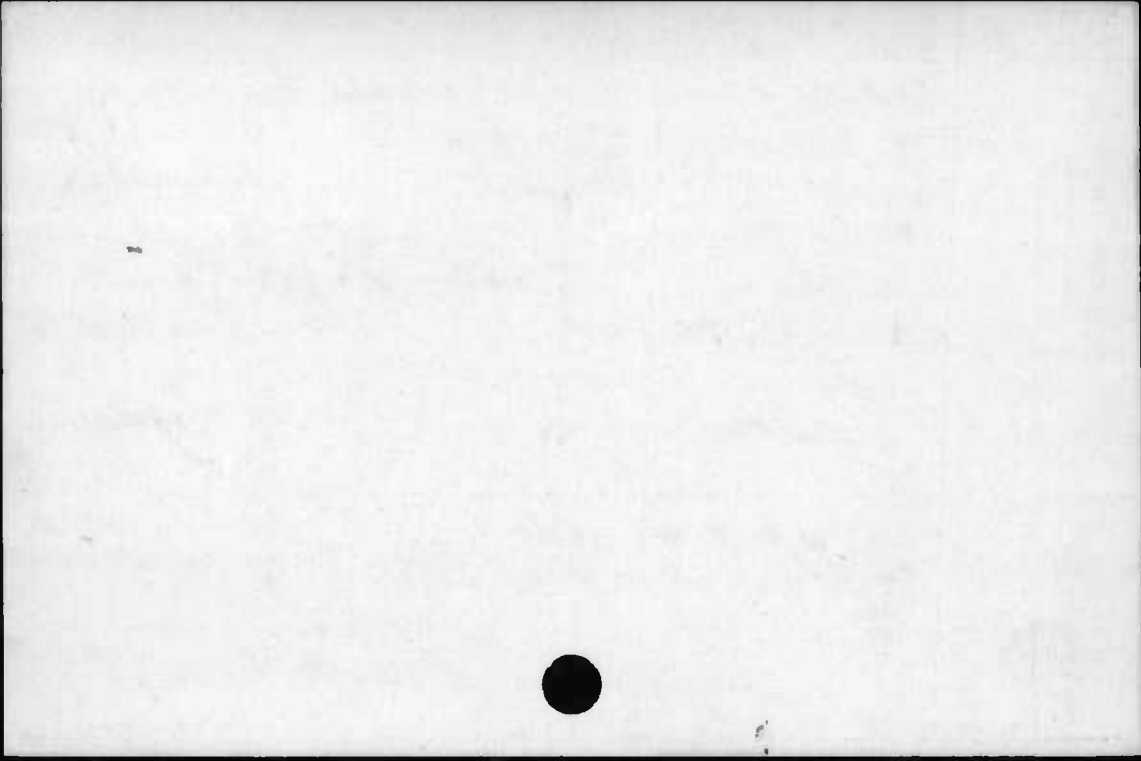
Primary *Legionella * Heart* ^{How long} *some months*

Immediate *Calleguatur diarrhoea* ^{How long} *Two weeks*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Samuel S. Lewis* Address *Promoke city Md*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Date

of death 1906

Month

Day

Age

Years

Months

Days

Sex

Occupation

Color or
RaceWhere Residing if not
at place of deathBirth-
placeMarried, Single
or WidowedName of Wife or
HusbandFather's
NameMother's
Maiden NameName of person giving
informationPHYSICIAN
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date
and place correctly given above?

CAUSES OF DEATH

How long

How long

Signature of
Physician

Address

Accident or Suicide?

MARYLAND



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Infant child of Will Townson

Died at Newark ^{Town} Worcester ^{County} MARYLAND

Date of death 1904 ^{Month} July ^{Day} 17 ^{Age} — ^{Years} — ^{Months} — ^{Days} 2-1

Sex Female Color or Race White Birthplace Maryland

Occupation — Where Residing If not at place of death —

Married, Single or Widowed Name of Wife or Husband Will Townson

Father's Name Joshiah Townson Father's Birthplace Maryland

Mother's Maiden Name Louisa Bradford Mother's Birthplace Maryland

Name of person giving information A P Borden How related to deceased —

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Sublingual Tumor How long 6 days

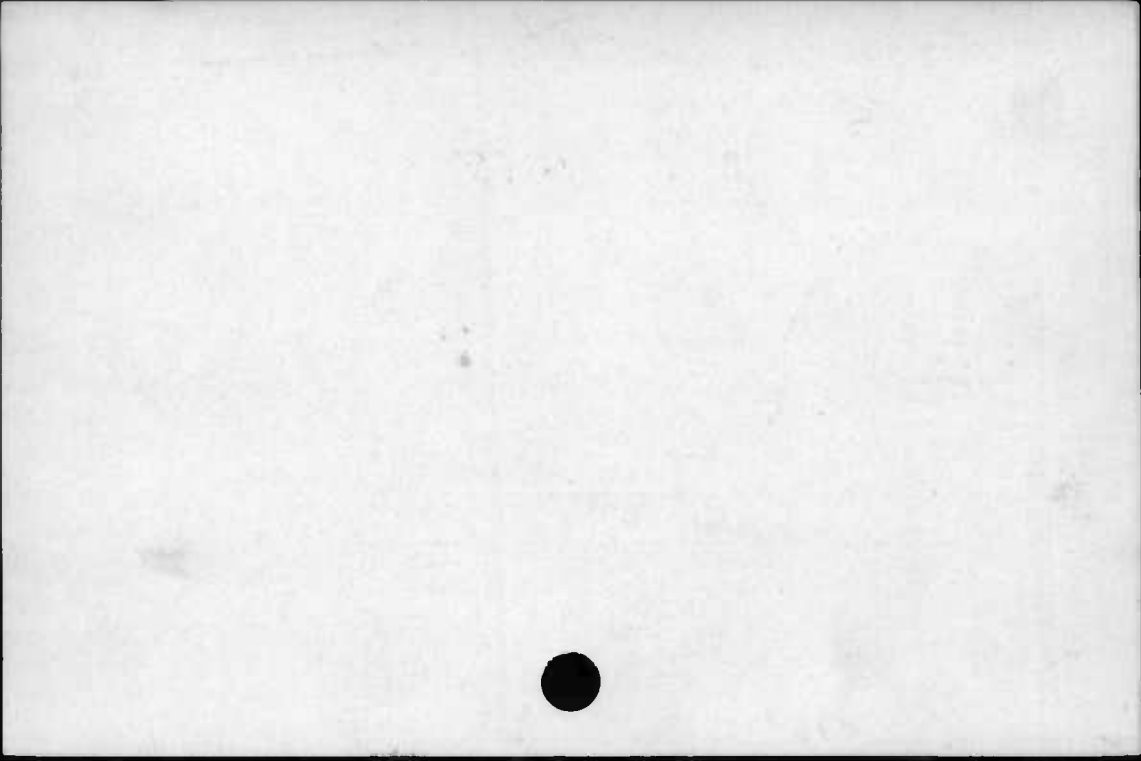
Immediate Aspiration & strangulation ^{How long} —

Are the name, age, sex, color, date and place correctly given above? —

Signature of Physician C. W. Dickinson

Address Berlin Md

Accident or Suicide? —



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name George M. Zucc Town _____ County _____
Died at Stockton
Date of death 1906 Month 7 Day 7 Age 4 Years 9 Months 9 Days 9
Sex Male Color or Race White Birth-place ind

Occupation _____ Where Residing if not at place of death _____

~~Married~~ Single
or ~~Widowed~~

~~Name of Wife or~~
~~Husband~~

Father's Name Wm E. Zucc Father's Birthplace ind
Mother's Maiden Name Olava Ward Mother's Birthplace ind
Name of person giving information Wm E. Zucc How related to deceased father

CAUSES OF DEATH

Primary Gastro-Enteritis (105) How long 3 weeks
Immediate Cholera-dysenteria How long 4 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician J. D. Dickerson

Address Stockton Md
Worcester Co

Accident or Suicide? _____

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Name
In
Full

David H. Webb

CERTIFICATE OF DEATH

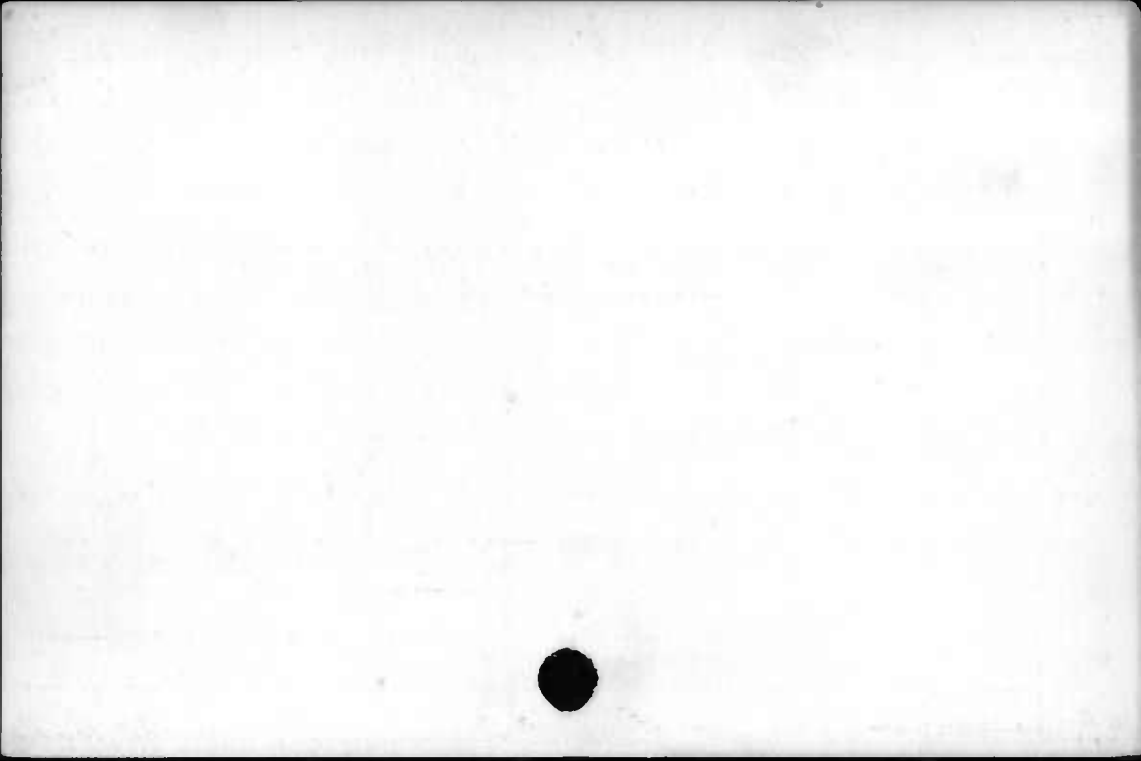
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Snow Hill</u> Town		<u>Throckmorton</u> County		MARYLAND	
Date of death <u>1906</u>	Month <u>7</u>	Day <u>2</u>	Age <u>84</u>	Months <input checked="" type="checkbox"/>	Days <input checked="" type="checkbox"/>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Ind.</u>		
Occupation <u>Farmer</u>			Where Residing if not at place of death <input checked="" type="checkbox"/>		
Married, Single or Widowed		Name of Wife or Husband <u>Leather A. Webb</u>			
Father's Name <u>John Webb</u>			Father's Birthplace <u>Don't Know</u>		
Mother's Maiden Name <u>Don't Know</u>			Mother's Birthplace <u>Don't Know</u>		
Name of person giving information <u>Sidney H. Webb</u>			How related to deceased <u>Frankson</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>General Decline</u>	How long	<u>154</u>
Immediate		How long	<u>154</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>W. D. Strongman M.D.</u>	
		Address <u>Snow Hill, Ind.</u>	
<u>Accident or Suicide</u> <input checked="" type="checkbox"/>			



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Clarence Williams

CERTIFICATE OF DEATH

MARYLAND

Died at ^{Town} Friendship ^{County} Worcester

Date of death 1906 ^{Month} 7 ^{Day} 16 ^{Age} ^{Years} ^{Months} 9 ^{Days}

Sex Male ^{Color or Race} White ^{Birth-place}

Occupation ^{Where Residing if not at place of death}

Married, Single or Widowed ^{Name of Wife or Husband}

Father's Name ^{Father's Birthplace} Md

Mother's Maiden Name ^{Mother's Birthplace} Pa

Name of person giving information ^{How related to deceased} James Hall Md

CAUSES OF DEATH

Primary ^{How long} Drunk few weeks

Immediate ^{How long} Meningitis 3 days

Are the name, age, sex, color, date and place correctly given above? ^{Signature of Physician} Yes

^{Address}

